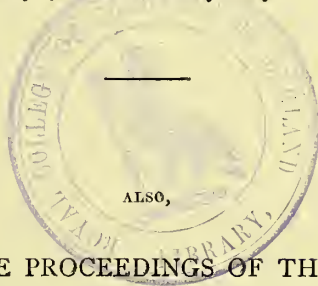


A FEW NOTES ON

LUNACY IN FRANCE

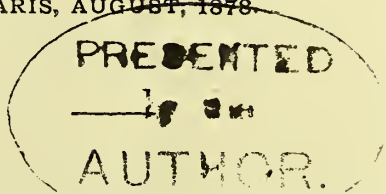
Suggested by a Recent Visit to French Asylums.

Read at the Annual Meeting of the Medico-Psychological Assoc., July 26, 1878.



INTERNATIONAL CONGRESS OF MENTAL MEDICINE,

PARIS, AUGUST, 1878.



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1878



A FEW NOTES ON LUNACY IN FRANCE SUGGESTED
BY A RECENT VISIT TO FRENCH ASYLUMS.

Having recently visited, and as regards some of them, revisited many of the French Asylums, I propose to bring under your notice to-day, as briefly as possible, three or four prominent subjects of interest, which more especially attracted my attention. I shall not now attempt to describe the asylums which I visited, but merely to bring into as strong relief as possible those matters in which there is a difference of practice between our own country and France, either generally or on the part of some celebrated French alienists.

I was on this, as on former visits to the French Asylums, much struck with the number of hours during which the doctors soak their patients in warm water. Twenty-five years ago I witnessed the use of prolonged baths at the Salpêtrière, by M. Falret, the father of the present distinguished physician who bears this name. He eulogised the practice so much, that I hoped to be able to prove its utility in England, but the symptoms which I observed follow the use of the bath for even a period which the French physicians would consider ridiculously short—the exhaustion and the alarming syncope, had the effect on my mind of making me doubt the wisdom of employing this remedy. I am convinced now, however, that these alarming symptoms arose, in part at least, from giving a hot instead of a warm, or rather a tepid bath. The temperature of the French prolonged bath is usually only about 85° Fahrenheit, certainly not above 90°. So it is not likely to be so relaxing as a really hot bath is, after the first effect of stimulation has passed away. Perhaps, also, there is another reason why serious symptoms have appeared. On the occasion of my recent visit to Paris, I went to the Bicêtre, and on accompanying M. Falret in his round, I found that he, like his father and others, was strongly in favour of this method of treatment. I mentioned the dangers which appeared to beset the practice. He assured me that they were altogether

exaggerated. "You do not feed the patient well enough while he is soaking," he said, "Do that, and warm water will not induce syncope." M. Falret could not give me any figures which would show the number of cases cured or relieved by this treatment.

At one asylum the doctor remarked that he would not unfrequently order a patient into a warm bath during his morning visit, and that there he would remain until he made his visit in the evening. He did not believe that if the patient was properly watched there was any danger in such a course. In fact, the French physicians are astonished at the astonishment which English visitors experience when they see a patient in a bath, where he has already spent some hours, and has still some hours of soaking in prospect. But although a very long period is sometimes prescribed (subject of course to the effect produced), three or four hours are more common. I should state that some of the Paris doctors do not see any advantage in extending the time beyond four hours, and even admit that, in some instances, danger from prostration may attend the longer immersions which others employ.

I should state that, in many cases, I witnessed the patient in the bath without any force being employed to keep him there. In others it is necessary to cover the bath with a piece of wood in which an opening allows of the patient's head being literally "above board." Or a sheet of metal is used, or strong canvas, with the necessary aperture for the head. It may be objected that this is mechanical restraint. So it is, in the same sense as the wet pack, but I think it should be regarded in the light of legitimate surgical restraint, during an operation.

I may add that the late M. Marcé was strongly in favour of prolonged baths, the use of which he says yields more positive and more constantly favourable results than any other system of treatment whatever—especially when the patient is young and vigorous, and is the subject of a recent attack of acute mania. He was, however, fully alive to the necessity of watching the patient constantly, and objected to prolonging the bath beyond four hours.

It will be seen, therefore, that some difference of opinion exists among the French physicians on this subject, but that this has reference not to the value of the remedy, but to the length of time to which the bath may be prolonged with advantage.

The wet pack (*drap mouillé*) is regarded with much favour

by some French physicians in the treatment of insanity. I saw at the Salpêtrière a woman recovering from *Mélancolie avec stupeur*, whose recovery M. Voisin attributed to the employment of this doubtless powerful remedy. Her pulse tracings before and after the treatment were recorded, and they showed a marked change. She was in the pack for half an hour at a time.

I may say that M. Voisin is one who does not employ the prolonged warm bath so long as many do, but fully believes in its efficacy in calming excitement, lowering the temperature, and inducing sleep.

Another point in regard to treatment I will now refer to, and that is the use of hypodermic injections of hydrochlorate of morphia in the large doses I found M. Voisin employing in his practice at the Salpêtrière, where he showed me patients under the influence of his favourite remedy. M. Voisin is of opinion that the cases in which the most strikingly beneficial results are obtained, are those of melancholia, with or without hallucinations; and maniacal excitement "without congestion." He holds that it is very dangerous in congestive and inflammatory conditions, or where the arteries are atheromatous. He would not think of using it in general paralysis, epileptic insanity, or, in fact, wherever there is reason to suspect organic lesions or active inflammation. He has recorded a case in which, mistaking its nature, he produced very alarming symptoms by the administration of this drug, namely, cerebral congestion and loss of consciousness.

In the cases suitable for this treatment, M. Voisin finds that there is frequently neuralgic pain (especially with women) in some part of the body, the head, chest or stomach, which is closely connected with the mental disorder, and is easily removed by morphia. One of his (female) patients suffered from neuralgia under the lower jaw, and this appeared to M. Voisin to be connected in some way or other in the patient's mind with the desire to commit homicidal acts. She was subject to frightful attacks of passion. Two injections of morphia were followed by recovery. In the same way, he believes that neuralgia may lead to the idea of being persecuted.

As to the dose employed by M. Voisin, he says that five or six centigrams ($\frac{3}{4}$ grain) daily, suffice for mild excitement connected with delusion or hallucination—beginning with $\frac{1}{25}$ of a grain—but that for a condition of intense excitement, it is necessary to raise the dose till it reaches 13 centigrams (2 grains). These doses produce a calm; to cure the patient,

much larger doses must generally be used, namely, 20, 30, 40 centigrams (3 to 6 grains), and even in some instances as much as a gram (15 grains) in the course of the day.

As regards this maximum, and doubtless exceptional dose, I can only state what M. Voisin has informed me. It need not be said that there is no difference between French and English hydrochlorate of morphia. The view appears to be that the system becomes gradually accustomed to the drug. It may be questioned whether the solution is all absorbed. Putting aside, however, the very large doses, the fact to which I wish to draw attention, is the allegation by so able an alienist as M. Voisin, that the hypodermic injection of morphia does effect a cure in many cases not benefited by other remedies.*

Under this treatment, patients, it is alleged, will sometimes recover in a few days, and M. Voisin says he has been driven to these seemingly dangerous doses from his failure in this mode of treatment by employing too small ones, and allowing himself to be frightened by the violent vomiting of the patient. He certainly acts more heroically than the superintendents of English Asylums would like to do. They would stand in awe of a Coroner's Inquest!

At Bethlem Hospital, where any new remedy is likely to receive a fair trial, I have seen a number of cases treated by this method, and while the results have been various, and in some instances disappointing, decided success has been achieved in others. Dr. Savage has found this treatment to be more useful in melancholia than in mania, especially in its active and simple form, the benefit being greater in women than in men, and in older and climacteric cases than in the young. He did not exceed 2-grain doses, in consequence of the vomiting and other disagreeable symptoms which were produced. In several cases where the administration of morphia by the mouth entirely failed to benefit, the subcutaneous injection was immediately followed by good effects.

So much for prolonged baths and the subcutaneous injection of morphia.

I should have been almost glad to pass over the question

* Since this paper was read, the writer has had the opportunity of asking M. Voisin whether these apparently improbable doses are correct, and he assures him that there is no error. A dose is generally given twice a day, at 9 a.m. and 4 p.m. In several cases half a gram has been given at once, and in one case at least, one gram twice a day. One of the patient's arms at the Salpêtrière presented a large swelling at the seat of the injection. The solution used is 1 of the salt to 30 of water.

which still rages with no slight force between ourselves and the majority of alienists of other countries—I allude, of course, to non-restraint—because I feel there is much danger of our judging the excellence of treatment abroad by one narrow test, instead of taking a broad survey of the whole system pursued, and there is also the danger of criticising foreign modes of treatment, as if ours was necessarily the wisest and the best. Such a course may well excite the annoyance of our *confrères* whether on the other side of the Channel or the other side of the Atlantic. There is undoubtedly an advance in the adoption of the non-restraint system in France. Among the large asylums, it is, for example, warmly adopted in that near Toulouse, under the superintendence of Dr. Marchand. Here I found between 800 and 900 patients, and I only saw one woman, a case of general paralysis, in a camisole, for what may be called surgical reasons. I have often heard it said as a reason for the use of restraint in France, that the French are more excitable than the English, but the authorities at the Toulouse Asylum demur to this being the case, and they are of opinion, like ourselves, that restraint usually increases the excitement. Dr. Pons has done good service at the Nice Asylum, where he found, when appointed, some of the patients chained.

Again, at a new asylum at Aix, with 627 patients, I only saw one man in restraint. On the other hand, at the Pau Asylum, out of 253 female patients there were eight women in camisoles, three of whom were also in restraint chairs. I was told that the average number was six in the day and six or seven at night.

At Charenton, where there are about 560 patients, I saw six or seven men in camisoles, and in the division for the women I counted six in camisoles, and four restraint chairs occupied by patients fastened to them, two being camisoled also.

There appears to have been here no progress, but the reverse, in recent years, in the matter of non-restraint, seeing that when I visited Charenton, 25 years ago, I then found only one male patient in a camisole, and in the refractory division for the women, four patients camisoled and strapped to restraint chairs, and one walking about in a camisole—making a total of 6 in 1853 and 14 in 1878. This is the more to be regretted when Charenton is a State asylum, under the immediate authority of the Minister of the Interior, intended, it is expressly announced, to be a model to other asylums in France.

My impression is, however, that it has more occasion to be itself taught by some of these.

At the Salpêtrière and Bicêtre, a quarter of a century has certainly seen some change for the better in the number who are restrained, though this is still considerable. At the former M. Voisin strongly contended in favour of the camisole, and appealing to one woman whether she disliked it, obtained the reply that she did not. I ventured to ask him whether, when he visited the asylums in England in 1874, he was not convinced of the superiority of the English method of treatment? He said he was not; that, on the contrary, he believed that the patients in our asylums not only had their ribs broken much oftener than in France, but frequently got pneumonia from being allowed to throw their clothes off in the night. He maintained, also, that he had found mechanical restraint employed in English asylums, and that, notably, in one of large size, where he had seen a patient in a seclusion-room "fastened from head to foot like a sausage."

When I visited M. Billod's admirable institution at Vaucluse, I saw six men out of 48 refractory patients in camisoles, of whom three were also in seclusion. Among the women there were four so secured, and I was informed that the average was four or five. As I am now only stating facts about restraint, this is not the place to speak of the many excellencies of this asylum. I hope to do so at a future time.

Brierre de Boismont, now 80 years of age, who forms one of the few links remaining between Pinel and the present generation of medical psychologists, is not a convert to the non-restraint system, and says now what he has said before:—"To go from one extreme to the other is to prepare for ourselves a bitter deception. Philanthropy," he says, "has in this way made itself ridiculous; excess, in everything, is a fault. 'This is a maxim,' he adds, "to which we cannot too strongly recall those who burn with love for the public good." And yet it must be confessed that philanthropy, in spite of its seeming but generous excesses, has many a time removed abuses and inaugurated reforms which otherwise would never have been effected.

M. Magnan strives hard at St. Anne's (Paris), to limit the use of mechanical restraint within narrow bounds, and when I went round with him he severely reprimanded one of the attendants for having secured the legs of a male patient in addition to his arms.

M. Magnan objects strongly to the ordinary camisole, which, he says, forms a part of the arsenal, not of asylums only, but even of ordinary hospitals. He points out that it interferes with the breathing, that it produces excoriations, and sometimes by its pressure lays the bone itself bare, and causes (for example) necrosis of the olecranon. When camisoleed in bed, for which he cites Pinel's authority, worse ills may befall the patient. The disciples of this great master have, he says, only too closely followed his directions. The respiration is chiefly abdominal, from the extreme pressure on the chest; in his distress the patient throws out his legs on all sides; his assiduous attendant then secures these to the bottom of the bed; the abdomen and knees are also strongly compressed; the result being that the unfortunate lunatic is asphyxiated. The swollen neck is strangled by the rigid border of the camisole, or the larynx is seriously damaged. M. Magnan says it would be no exaggeration to affirm that the majority of patients who die in restraint, owe their death to the pressure exerted by the camisole during the night. To remedy this evil, M. Magnan has invented a strong dress, which he considers ensures perfect mechanical restraint without any of the disadvantages which attend the use of the camisole. (*Illustration shown.*)

I need not, however, describe M. Magnan's dress for a violent or mischievous patient, in detail, as I imagine it is likely to meet with the same fate at your hands as a strait-waistcoat did the other day which a woman was hawking about London and brought for sale to St. Luke's Hospital.

Holding the views which I am sure every one in this room holds in regard to the nature and amount of the restraint I have described as being employed at Charenton and some other asylums—whatever differences of degree there may be amongst us as to extreme views of non-restraint—I think we cannot do otherwise than hope that the frequency of restraint will before long be greatly reduced, and that the mischievous restraint chairs (*à siège percé*)—the survivals of the *ancien régime*—will cease ere long to be employed.

My own conviction is that no one can visit the Continental asylums, to the excellent organization and management of a large number of which I bear willing testimony, without being confirmed in his attachment to "the English system"—by which I do not understand one which obliges a medical superintendent to commit the absurd inconsistency of putting a moral strait-jacket upon himself, in saying that under

no conceivable circumstances will he employ a strait-jacket for a patient. By "the English system" I understand the exclusion of mechanical restraint as a *necessary* part of the treatment of the insane—a position the exact opposite of that which obtains in the majority of the French asylums, where it is regarded as *indispensable*.

I do not wish, however, to fall myself into the error which I have condemned, that of "judging the excellence of treatment abroad by one narrow test, instead of taking a broad survey of the whole system pursued."

I could, had time permitted, have commended much that I witnessed in France, and dilated on many other points of interest suggested by my visit to the asylums of that country, from the medical superintendents attached to which I received the most courteous attention, but here I must bring my observations to a close, which are necessarily of a much more limited and imperfect character than I could have wished.

THE PROCEEDINGS OF THE INTERNATIONAL
CONGRESS OF MENTAL MEDICINE, PARIS, AUGUST,
1878.

The International Congress of Mental Medicine proved a success. To that end nothing was wanting on the part of the Medico-Psychological Society of Paris which inaugurated it. The *séances* lasted from the 5th to the 10th of August, but the Congress more properly terminated its work on the 12th, with a "scientific excursion" to the asylums in the neighbourhood of Rouen. The first business consisted in the appointment of officers, viz. :—President: Dr. Baillarger: Vice-Presidents, Professor Lasègue, Drs. Semal, Echeverria, Mierzejewski, Giacchi, and Hack Tuke,; General Secretary; Dr. Motet, assisted by Dr. Ritti.* The Under Secretary of State for the Interior (M. Lepère), and M. Calmeil, the well-known author of the classical work on General Paralysis, sat on the right of M. Baillarger at the first sitting of the Congress. The President, full of years and of honours, delivered a short but appropriate address. Papers were then read bearing upon the question of that day's programme, namely, "*Des mesures à prendre à l'égard des aliénés dits criminels,*" by Drs. Auzouy, Billod, Dagonet, Moring, Lunier, and Hack Tuke. The subject was discussed in a very animated manner on the following day. There are defects, it seems, in the Lunacy Law of 1838, which it is desired to amend, but there is, a distinguished Paris physician remarked in conversation, a conservative feeling in France, approaching fetishism, which renders it exceedingly difficult to change a law when once it is in force. Indeed, it cannot but be a matter of surprise that the law which (in addition to the Code Napoléon), now regulates lunacy in France is forty years old. It should be added that it is, on the whole, a remarkably good law, and very creditable to the legislators of that period. It is inevitable, however, that certain changes should become necessary. Hence the discussion upon them at the Congress. The best mode of providing for criminal lunatics

* The "Comité d'organisation" consisted of the President, MM. Blanche, Dumesnil, J. Falret, Lasègue, Lunier, Legrand du Saulle, Motet and Ritti. The meetings were held in the hall of the "Société d'Encouragement pour l'Industrie Nationale."

now attracts much attention in France, and there is considerable difference of opinion in regard to it. With the exception of the *Sécurité* at the Bicêtre, where a few lunatics are confined who have been sentenced to a short term of imprisonment, no separate provision was made for criminal lunatics until two years ago, when certain buildings at Gaillon (Eure), connected with, but isolated from, the House of Correction, were appropriated to this purpose, accommodation being made for 130.* Provision is required for about as many more for the South of France. Gaillon only receives those who have become insane while in prison; in this respect differing from Broadmoor. In the opinion of M. Lunier and the other Inspectors of Asylums, this was the proper course to pursue. It involved little expense, and from the information which was at the time obtained regarding the construction of Broadmoor, they did not feel encouraged to recommend the erection of a similar building. Some of the French physicians oppose this conclusion, and take exception to having any special institution of this kind; others hold that enough has not been done, and that it would have been better to erect a building with arrangements as complete as those of Broadmoor, and altogether independent of a prison. A paper was read entitled "*Statistique de l'infirmerie spéciale de Gaillon*," by M. Hurel, the physician, which contained valuable information in regard to this attempt to provide for lunatic criminals. We shall give a *résumé* of it in a future number.

We cannot do justice to M. Lunier's paper, but may observe that after pointing out that criminal lunatics (*aliénés criminels*) include two distinct classes—those who become insane after their condemnation, and those who have been recognised as insane with or without trial—he stated that those who have escaped punishment on the ground of insanity are, in France, sent to the ordinary asylums, a course admitted to be injurious, on account of the mixing with other patients and the want of sufficient surveillance. M. Lunier, therefore, wishes them to be placed in some asylums or quarters of asylums, specially adapted for very dangerous lunatics, "qui sont la terreur du personnel de nos asiles." He thinks there is much yet to be done in regard to the admission and discharge of criminal lunatics. When an accused is the

* It would be possible, we understood, to provide if necessary for 200, but at the present time there are only about 80 inmates. This asylum is only for those condemned for more than one year. No provision has yet been made for female criminal lunatics in France.

object of an "ordonnance de non-lieu" or of acquittal on the ground of insanity, his lot is left to the decision of the administration of the Department which, *in the majority of cases*, places him in an asylum. But this is not obligatory—there is no fixed rule in the matter—and this M. Lunier considers disastrous. So, again, as respects his discharge. Nearly always the Prefects order it when the physicians notify that the patient is cured, but each "chef de service" has his own views and mode of action. Some detain the patients almost indefinitely; others restore them to liberty as soon as the crisis is over. They ought not to be set at liberty "without the intervention of the magistrate." M. Lunier characterised this divergence in the mode of interpreting facts and treating criminal lunatics who have equal rights, as "deplorable." He is also of opinion that in France, in order to avoid the conflicts which will take place, if the patients are not set at liberty without the intervention of the magistrates, between the superior administration and the general councils, the criminal insane should, like insane criminals, be cared for at the expense of the State.

Several papers on other subjects were subsequently read, namely, "*De la meilleure manière d'établir la statistique des causes de l'aliénation mentale*," by Dr. Hack Tuke, and "*Résultats obtenus dans les Colonies de Fitz-James et de Villiers*," by M. Labitte, of Clermont (Oise). Of these colonies it may be briefly stated that they are on the estate of the brothers Labitte, who have had a private asylum for many years at Clermont, and have, in addition to some 300 wealthy patients, a large number of insane belonging to several of the departments. These they employ in large numbers in the fields. There is, it is true, nothing new in this, but the proprietors have carried out the system of agricultural work to a larger extent than elsewhere, and in this respect have performed an important service for the insane. There are about 1,500 patients in this asylum, and 1,260 acres. It is the most important private institution in the whole of France, on account of its large contract with the departments for their pauper lunatics. Some criticism made upon this agricultural colony arose out of the considerable distance of the annexes from the central asylum, but much praise is awarded to the brothers Labitte for their practical energy.

During this *séance* the tranquillity of the proceedings was broken by a member of the Congress, whose name did not appear on the programme, reading an essay, in which he

vigorously attacked the Inspectors of Asylums. One of them protested, but in the first instance the President ruled that, as the Congress was not responsible for the opinions expressed by the speakers, he should proceed. However, when he grew more violent in his language, M. Lunier declared that what he said was a calumny, upon which M. Baillarger put it to the meeting whether he should be allowed to continue. A large show of hands decided that he should not, and the *séance* closed rather stormily.

On the following day a visit was paid to the Asylum of Sainte-Anne (Paris). English physicians interested in asylums expect to find a farm here, for "la ferme de St. Anne" was once famous, thanks to Ferrus, from being appropriated to the patients of Bicêtre. Now the visitor looks for this farm in vain. A portion of the land was utilized by M. Hausmann for the wants of Paris, and the remainder is nearly covered by the buildings of the Asylum. In this particular he proved anything but a friend to this Saint. The great interest of the Asylum consists in its providing a Bureau of Admission, through which filter cases to other asylums or other buildings on the premises, for which the patients are deemed suitable. There were 50 patients in this Bureau when visited by the members of the Congress. They do not stay there more than one or two days. Contiguous to it is the "annexe" for acute cases, delirium tremens, for foreigners, and for those who will be transferred to asylums in the departments—in all 200. The other buildings contain 620 patients, equally divided between men and women. The Bureau and the Annexe are under the direction of MM. Magnan and Bomhereau; the other establishment under MM. Lucas and Dagonet. It is unnecessary to say that every attention was paid to the visitors. The Bureau appears to be a little different in its working from what was originally intended. The idea was to have a provisional establishment, in which patients would remain only long enough to be examined, and to have the legal formalities executed. By this means a sojourn in the Prefecture of Police (to which naturally the patients and their friends had a great dislike); would be avoided. The wisdom of placing it in contiguity with an asylum is doubted by some. It is urged that it should have been distinct and distant. It is thought to have become too much part and parcel of a lunatic asylum, in which those who enter it undergo treatment. But, in fact, as we shall see, the Prefecture de Police is still, to a large extent, the first

place of reception. At the same time, admitting that the original intention has not been fulfilled, this Bureau must be a great boon. After visiting Ste. Anne's, the members of the Congress assembled at the Infirmierie Spéciale of the Prefecture de Police, on the invitation of Prof. Lasègue and M. Legrand du Saulle, in order to obtain information on the mode of admission in the "Service des Aliénés" there. It appeared that, during last year, 2,595 persons had entered. Of these, 1,330 were sent by the Commissaires de Police; 603 were arrested in the streets; of the remaining number only 79 were admitted after indictment. Of these, 474 were not regarded as properly insane; 2,067 were transferred to the Asylum of Sainte-Anne; 42 were sent to one of the hospitals; 11 were placed in private asylums, and 1 died. It appears that in 665 cases, or 25 per cent., the condition of the patient was attributable to alcohol, an important fact to know, when one witnesses the apparent sobriety of the Parisians. In addition to the above admissions, it should be stated that there were placed voluntarily, during the year, 764 patients in private asylums, and that there were 499 "placements d'urgence" of patients coming out of the hospitals; making a total of 3,858. The Prefect of Police sends the person to the Director of the Dépôt, requesting him, in a printed form, to admit A. B. The Director signs a statement that he has admitted him "pour cause de l'aliénation mentale." When transferred, the Chief of the Bureau orders that, in conformity with the law of 1838, he shall be transferred to an asylum, to be there treated for mental disease, which has been established by the procès-verbal and a medical certificate. This certificate states that A. B. is "dans un état mental qui exige son placement dans un asile d'aliénés."

In the afternoon of this day, the subject upon which essays were read was "The Clinical Varieties of General Paralysis." M. Falret contributed a paper, characterised, as was to be expected, by ability and freshness. M. Mordret read a paper, "*Sur la fréquence et les effets de la congestion cérébrale chez les aliénés et plus particulièrement chez les paralytiques généraux,*" and M. Doutrebente on "*Des inégalités de dilatation pupillaire dans la paralysie générale.*" These papers will, no doubt, be published. We shall not attempt to report them.

In the evening, the President entertained the members of the Congress at a soirée at his house.

On Thursday, August 8, an excursion was made to the Vaucluse Asylum, within an easy railway distance from Paris,

on the Orleans line. M. Billod is the well-known and able superintendent. It is of modern construction, situated in a well-wooded and beautiful district, watered by the river Orge. The special feature of this Institution is the colony of young idiots established on the grounds. Provision is made for 150, but there were only 70. It was about five years ago that the Department of the Seine decided to appropriate certain buildings of the farm of Vaucluse to this object. They are well adapted for the purpose. For this colony 25 acres are set apart. There is a refectory, dormitories, schoolrooms, an infirmary, and excellent provision for baths. Good progress has been made in writing. The boys wear the uniform of a blue cap, jacket, on the collar of which C. V. is visible in red letters, white trousers and blue tie. Forty went through military drill in a spirited manner, the drummer being an idiot of a very marked type. In this rapid sketch of the proceedings of the Congress, we can only seize, as in this instance, the prominent and distinctive points of interest, but it would be an injustice to M. Billod to pass on without according well-merited praise to him for the general condition of the asylum he directs, the cleanliness of the patients, their rooms and beds, and the order of the establishment. Strong and efficient hands evidently hold the reins.

Among the papers read on this day were—“*Etudes de thermométrie dans l'aliénation mentale,*” by M. Aug. Voisin, who will contribute an article upon this subject in a future number of this Journal; and “*Recherches sur l'idiotie,*” by M. Mierzejewski, an essay which excited much interest, and was warmly applauded. It was illustrated by casts of the brains of idiots and certain animals.

In the evening, M. Blanche entertained at dinner some members of the Congress, in a very hospitable manner.

On the following day, Aug. 9, the Congress visited the Asylum of Ville-Evrard (Neuilly s. Marne), not far from Vincennes, superintended by M. de Lamaëstre, who, at one of the *séances*, read a paper. M. Doutrebente is the assistant physician. The salient feature of this Institution is the excellent provision made for the higher and middle classes, at a moderate charge, viz., for the 1st class, 2,400 francs per annum; 2nd class, 1,800 ditto; 3rd class, 1,200 ditto. The first-class patients alone have a private bedroom; the second-class occupy a room with two or three beds, and the third the dormitories. There is also some difference in the food of the three classes. The rooms are handsomely furnished. The

whole establishment appeared to be in admirable order, and to reflect great credit upon M. Lamaëstre.

In the afternoon some very important papers were read on Transitory Insanity in Relation to Legal Medicine. Prof. Lasèque delivered an able address on the subject, and Echeverria's "*Considération clinique sur l'épilepsie*" was full of instructive practical information drawn from the writer's large experience of epilepsy. The paper, which bore mainly upon the symptoms of "Epileptic Insanity," does not admit of condensation.

In the evening, M. Lasèque entertained the Congress at a soirée. M. Luys gave a very interesting demonstration of the changes occurring in the cerebral convolutions in certain forms of insanity, illustrated by brains hardened in the following solution:—Eau, 1000 grammes; acid azotique, 20 grammes. The brain to be immersed for from 13 to 15 days. The part affected is then indicated as usual by being painted a bright colour (in oils).

On Saturday, the 10th, the Congress was invited to visit the Exhibition, to meet the Minister of the Interior, and examine objects illustrative of public institutions, collected in a portion of the building specially devoted to works over which he presides. He was represented on the occasion by the Under Secretary of State, M. Lepère. Plans and models of some of the principal asylums were exhibited. Ugly iron fetters and handcuffs were displayed, with the significant label, "*Il y a 50 ans.*" Near, was a photograph of a picture by Fleury exhibited among the French paintings, representing Pinel unchaining the maniacs at "La Salpêtrière en 1795" (*sic*). It is usual to speak of this great deed having been accomplished at the Bicêtre, and his family have shown, some years ago, that the correct date was 1793. Under "*Aujourd'hui,*" the treatment of the present day was represented by a camisole or maillot, and models of seclusion and padded rooms. A bath for hot and cold water, allowing of the safe entrance of the former through perforations (similar to those in use at Caterham, &c.), was exhibited; as also photographs of the prolonged baths, and the contrivance by which the patient is retained there, in use at Charenton. A better "exposition" for the Congress could not have been devised. To do it justice several visits would be necessary.

During the last *séance*, which took place in the afternoon, among the papers read were, "*Anatomie et physiologie cérébrales dans leurs rapports avec la pathologie mentale,*" by

M. Fournié; "*L'hérédité morale*," by M. Fournet; and "*Patronage des aliénés*," by Herr Dr. Brosius, who, some years ago, translated into German, Dr. Conolly's work on Mechanical Restraints.

At the close of the Congress, Dr. Hack Tuke, speaking on behalf of the foreign alienists, cordially thanked the Medico-Psychological Society of Paris for having proposed and carried out the International Congress, for their hospitality, and for the scientific excursions to the asylums in and near Paris, which had been so well planned. Especially were their thanks due to the indefatigable Secretary, M. Motet. Those who had met in that room should know of no rivalries but those which spring out of the desire to benefit humanity, and especially those unhappy persons who have lost their reason. Might the motto of their specialty, in all nations, be the words which he had seen inscribed upon the façade of the Asylum of Ville-Evrard—"Caritas et Scientia."

In the evening the members sat down to a Banquet in the new and magnificent Hôtel Continentale, presided over by Prof. Lasègue (in the absence of M. Baillarger). The Under Secretary for the Interior (M. Lepère) was present; also M. de Crisenoy, Directeur de l'administration départementale et communale, De la Morinerie, Loiseau, Constans, Frank, &c. —sixty-six in all.

On Monday, the 12th, an excursion was made to the Asylums of Quatre-Mares and St.-Yon, near Rouen. A fine new asylum is nearly completed, to which the patients now in the old Asylum of St.-Yon, in Rouen, will eventually be removed.

The construction most in favour with the French asylum-physicians is the Pavilion plan, and may be thus described, subject, of course, to some modifications in different asylums. The premises are composed of pavilions with verandahs, airing courts, open corridors of communication, a building devoted to the administration of the asylum, and a chapel. The ground floor of the pavilions contains the *salle à manger* and the *salle de réunion*, and a kitchen, or rather scullery, for all the cooking is done in the central kitchen. Dormitories occupy the first storey, and sometimes the *rez-de-chaussée*. The pavilions ("pavillons") are situated in lines, equi-distant, and allow of classification according to the mental condition of the patients, the tranquil, demi-tranquil, agitated and demi-agitated, the epileptic, the dirty, with an infirmary. For the most violent, cellules are usually provided at some

distance from the pavilion or block for the "agitated." The word "block" would, however, convey a false impression if it were supposed to resemble those of Caterham and Leavesden. The structure is much lighter, and altogether more agreeable to the eye. The only criticism one feels inclined to make in going over one of the French asylums which owe their original inspiration to Esquirol, is, that the uniformity of the plan is a little monotonous, and the squares* or enclosures formed by the blocks and galleries give an uncomfortable impression to the visitor of being imprisoned within somewhat circumscribed and rectangular bounds—a remark which would not apply to the courts situated on the outer side of the buildings, which command a fine view when the asylum is in the country. Another criticism may be permitted, namely, that the cellules are usually too isolated and distant.

M. Dumesnil, Inspector of Asylums, was formerly the superintendent of Quatre-Mares. In the absence of the present superintendent, Dr. Achille Foville, Dr. Rousselin (superintendent of St.-Yon) showed the members over the Institution, entertained them at a luncheon, and, in short, devoted himself throughout the day to their convenience. Dr. Foville's absence was occasioned by the recent death of his distinguished father, at an advanced age. As the author, many years ago, of a remarkable work on the *Convulsions of the Brain*, with beautifully executed plates, the memory of the former physician of Charenton deserves a tribute of respect, and, from those who knew him, of affection also.

We have heard the French compared to the Greeks. In one point, however, they differed on this occasion. The latter, it is said, held that in order to do anything well, you must first dine well. The French, on the contrary, made the members of the Congress dine well, in Rouen, at the *close* of their labours.

And so ended the International Congress of Mental Medicine.

D. H. T.

* We have reason to believe, however, that this arrangement is not distasteful to French patients. One advantage of the construction of asylums in France is the ready access to the courts from the day-rooms which it favours.

